

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/677252

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	3					
15	1					
16	1					
17	1					
18	1					
19	1					
20	4					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	3					
32	3					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	2					
46	1					
47	1					
48	1					
49	1					
50	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	2					
53	2					
54	2					
55	2					
56	2					
57	2					
58	2					
59	2					
60	1					
61	1					
62	1					
63	1					
64	3					
65	3					
66	1					
67	1					
68	2					
69	1					
70	1					
71	1					
72	1					
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		8				
TOTAL DEP.		97				
TOTAL CLAIMS		105				